

EXHIBIT B

FORM B10 (Official Form 10) (10/05)

UNITED STATES BANKRUPTCY COURT _____ DISTRICT OF <u>Nevada</u>		PROOF OF CLAIM						
Name of Debtor <u>USA Commercial Mortgage Company</u> Case Number <u>06-10725-LBR</u>								
NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.								
Name of Creditor (The person or other entity to whom the debtor owes money or property): <u>Donna M. Cangelosi, Trustee of the Donna M. Cangelosi Family Trust</u>								
Name and address where notices should be sent: <u>Donna Cangelosi</u> <u>5860 Lausanne Drive</u> <u>Reno, Nevada 89511</u> Telephone number: <u>(775) 530-7079</u>		THIS SPACE IS FOR COURT USE ONLY						
Last four digits of account or other number by which creditor identifies debtor: _____ Check here <input checked="" type="checkbox"/> replaces if this claim <input type="checkbox"/> amends a previously filed claim, dated: <u>12/12/06</u>								
1. Basis for Claim <input type="checkbox"/> Goods sold <input type="checkbox"/> Services performed <input checked="" type="checkbox"/> Money loaned <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Taxes <input checked="" type="checkbox"/> Other <u>See Exhibit A</u>								
2. Date debt was incurred: <u>March, 2001</u>								
3. If court judgment, date obtained: _____								
4. Classification of Claim. Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed. See reverse side for important explanations. <u>Unsecured Nonpriority Claim \$ 768,560.86</u> <input checked="" type="checkbox"/> Check this box if: a) there is no collateral or lien securing your claim, or b) your claim exceeds the value of the property securing it, or if c) none or only part of your claim is entitled to priority.								
Secured Claim <input checked="" type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff). Brief Description of Collateral: <input checked="" type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____ Value of Collateral: <u>\$ unknown</u> Amount of arrearage and other charges at time case filed included in secured claim, if any: <u>\$ 13,178.21</u>								
Unsecured Priority Claim <input type="checkbox"/> Check this box if you have an unsecured claim, all or part of which is entitled to priority. Amount entitled to priority \$ _____ Specify the priority of the claim: <input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B) <input type="checkbox"/> Wages, salaries, or commissions (up to \$10,000),* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(4). <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5).								
5. Total Amount of Claim at Time Case Filed: <table style="width: 100%; border: none;"> <tr> <td style="text-align: right;"><u>\$ 768,560.86</u></td> <td style="text-align: right;"><u>768,560.86</u></td> <td style="text-align: right;"><u>768,560.86</u></td> </tr> <tr> <td style="text-align: center;">(unsecured)</td> <td style="text-align: center;">(secured)</td> <td style="text-align: center;">(Total)</td> </tr> </table> <input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.			<u>\$ 768,560.86</u>	<u>768,560.86</u>	<u>768,560.86</u>	(unsecured)	(secured)	(Total)
<u>\$ 768,560.86</u>	<u>768,560.86</u>	<u>768,560.86</u>						
(unsecured)	(secured)	(Total)						
6. Credits: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.								
7. Supporting Documents: Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.								
8. Date-Stamped Copy: To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.								
Date <u>1/7/07</u> Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any): <u>Donna M. Cangelosi, Trustee</u>								